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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Richard Taylor)	Group Art No.: 2151
)	
Application No:	10/012,465)	Examiner: Phillips, Hassan A
)	
Filed:	12/12/2001)	Re: Response After Final
)	
For:	"Provision of Services ...")	Our Ref: B-5059 948589-1
)	
)	Date: March 21, 2006

RESPONSE AFTER FINAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is filed in response to the final Office Action mailed on November 21, 2005, a reply to which is due by May 21, 2006. Since this paper is filed in response to a Final Office Action, Applicant submits that this paper is a reply under 37 CFR 1.116 and requests expedited processing of this Amendment and Response After Final rejection as described in MPEP 714.13. Please amend the above-identified application as described below and consider the following remarks. **All remarks and amendments herein are made without prejudice.**

A petition for a one-month extension of time and a Request for Continued Examination (RCE) are included with this response.

Amendments to the Claims are reflected in the listing of the claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

Conclusion

In view of the above, reconsideration and allowance of all the claims are respectfully solicited.

The Commissioner is authorized to charge any additional fees which may be required or credit overpayment to deposit account no. 08-2025. In particular, if this response is not timely filed, then the Commissioner is authorized to treat this response as including a petition to extend the time period pursuant to 37 CFR 1.136 (a) requesting an extension of time of the number of months necessary to make this response timely filed and the petition fee due in connection therewith may be charged to deposit account no. 08-2025.

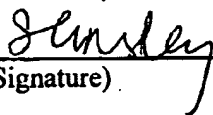
I hereby certify that this correspondence is being deposited with the United States Post Office with sufficient postage as first class mail in an envelope addressed to Mail Stop RCE
Commissioner for Patents POB 1450,
Alexandria, VA 22313-1450 on

March 21, 2006

(Date of Deposit)

Shannon Tinsley

(Name of Person Signing)

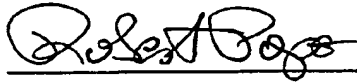


(Signature)

March 21, 2006

(Date)

Respectfully submitted,



Robert Popa

Attorney for Applicants

Reg. No. 43,010

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Los Angeles, California 90036

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Encls:

Petition for a one-month extension of
time;

Request for Continued Examination;

Postcard

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10,012,465
10012465

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20 =	17
INDEPENDENT CLAIMS	3 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

12/13/01

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37 Minus	37	0
Independent	3 Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	370.00	BASIC FEE	740.00
X\$ 9=		X\$18=	306.00
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	1046.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

8-30-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37 Minus	37	0
Independent	3 Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

3-27-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37 Minus	37	0
Independent	4 Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	200
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	200

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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